

ARIZONA STATE DEPARTMENT OF HEALTH

205

DIVISION OF VITAL STATISTICS

This return should preferably be made
the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

X OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
male					
DATE OF BIRTH* <u>May 31 1930</u> (Month) (Day) (Year)					
LL ME	FATHER <u>Miguel Rivera</u>				
LL IDEN ME	MOTHER <u>Engracia Gonzalez</u>				

I HEREBY CERTIFY that the child described herein
has been named

VELIA RIVERA

(Give name in full)

(Surname)

Mr. Engracia H. Rivera
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar
10-1-48-S.P.Co.

591-531-579